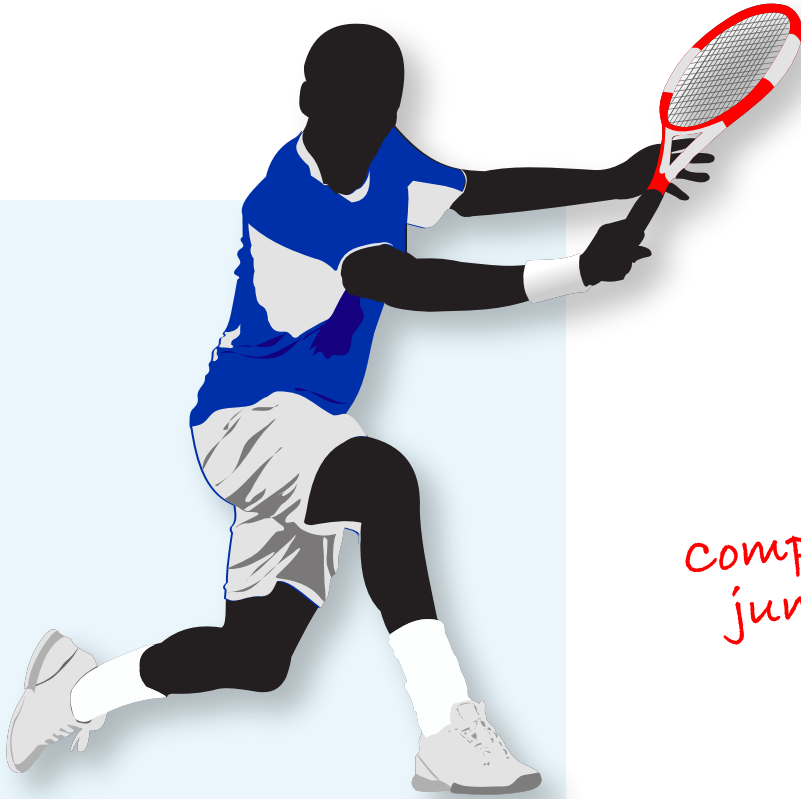


Junior HIGH PERFORMANCE TRAINING

AT LOUISVILLE TENNIS CLUB



*Complete development of the
junior competitive player*

The Louisville Tennis Club High Performance Training Program is a comprehensive, world-class Junior Tennis training program that encompasses the critical areas of player development:

- **TECHNICAL (Instructional)**
- **TACTICAL (Competition)**

We offer a very low student instructor ratio with a pro on each court. Every aspect of the High Performance Junior Tennis Program is designed and overseen by LTC High Performance Director, Roberto Aspillaga, and LTC Tennis Director and USPTA Elite Professional, Larry Kline.



502-426-4923

www.louisvilletennis.com

Junior HIGH PERFORMANCE TRAINING FALL 2019-SPRING 2020

TO REGISTER: Complete form and drop off, mail, or fax to LTC with full payment.

Cancellations must be made before the first class is held. There will be a \$25 processing fee for any cancellations.

Make-up Classes are allowed if clinics are not full, make-up class is approved by instructor, and is completed during the same session.

NOTE: If you have a group of at least 4 juniors looking for a clinic at a time we are not offering, contact us about forming a new class.

2019-20 SESSIONS – Please check session(s):

- | | |
|--|--|
| <input type="checkbox"/> SESSION 1: Aug 12 – Sep 22 | <input type="checkbox"/> SESSION 4: Jan 6 – Feb 16 |
| <input type="checkbox"/> SESSION 2: Sep 23 – Nov 3 | <input type="checkbox"/> SESSION 5: Feb 17 – Mar 29 |
| <input type="checkbox"/> SESSION 3: Nov 4 – Dec 22 (off Nov 27-Dec 1) | <input type="checkbox"/> SESSION 6: Apr 6 – May 17 |

HIGH PERFORMANCE CLINICS – Please check clinic(s):

I. TECHNICAL (INSTRUCTIONAL)

Clinics to help develop efficient stroke technique, patterns, and shot execution.

Cost per clinic: \$165 member/\$178 non-member

- | | |
|--|-----------------|
| <input type="checkbox"/> Monday 4:00-6:00pm | \$ _____ |
| <input type="checkbox"/> Wednesday 4:00-6:00pm | \$ _____ |
| <input type="checkbox"/> Thursday 4:30-6:30pm | \$ _____ |
| <input type="checkbox"/> Friday 4:00-6:00pm | \$ _____ |
| <input type="checkbox"/> Sunday 2:30-4:30pm | \$ _____ |
| TOTAL | \$ _____ |

I. TACTICAL (COMPETITION)

The competition element consists of strategy and tactics through point playing and match play experiences.

Cost per clinic: \$185 member/\$195 non-member

- | | |
|--|----------|
| <input type="checkbox"/> Saturday 12:00-3:00pm | \$ _____ |
| TOTAL \$ _____ | |

PLAYER INFORMATION – please print

Last Name: _____ **First Name:** _____ **DOB:** ____/____/____ **Age:** _____ **Gender:** M F
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____

PARENT INFORMATION – please print

Mother: _____
FIRST NAME LAST NAME CELL PHONE EMAIL
Father: _____
FIRST NAME LAST NAME CELL PHONE EMAIL
Emergency Contact: _____ **Phone:** _____

PAYMENT INFORMATION

Total Amount Due (total from clinic selections above): \$ _____
Method of Payment: Cash Check Visa Mastercard Discover American Express
Cardholder Name: _____
Account #: _____ Exp. Date: _____ CID#: _____
Signature of Cardholder: _____

Parent/Guardian Agreement – please read carefully and sign below:

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for Louisville Tennis Club Tennis Clinics at Louisville Tennis Club, I certify that Participant is of normal health and in proper physical condition to participate in the Clinics, and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in tennis (both practice and competition); that tennis is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participant's participation in the Clinic(s). I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Clinic(s) at Louisville Tennis Club. In the event I cannot be reached in an emergency, I hereby give permission to the Louisville Tennis Club staff to secure emergency medical services, including transportation and physician. PRESS/MEDIA RELEASE: We permit the free use of or name and family members names and pictures used on this application in broadcasts, tele-